
Gaining Community Acceptance of a Free Health Clinic

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AMERICA'S MEDICAL CARE SYSTEM has undergone many changes designed to increase access to services for the poor. According to recent statistics, people in the lowest income categories now average more physician visits than the wealthy (1). However, a corresponding improvement has not been achieved for persons with "gray area" incomes—too rich for Medicaid and too poor to pay for private medical care. Receiving adequate medical care at a reasonable cost is often impossible for such persons. Unless they accept poor credit status by refusing to pay their bills or the implied label of "charity case" by seeing a physician without charge, they simply may not receive any medical care.

The creation of a nationalized

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medical care system is a solution often proposed for equalizing access to services. Many remain opposed to this concept, however, and supporters recognize that a comprehensive bill is not in the foreseeable future. Thus, remedial programs must be used to fill the void.

Although their potential has received little study, free medical clinics represent a partial solution to the problem. As Eisenberg stated, most free clinics are developed as an alternative to the established medical care system (2). But there is evidence that these clinics can become an important part of the system and still maintain their unique identity. Unfortunately, many free clinics have been short lived (3).

The Free Health Clinic of the Roanoke (Virginia) Valley is an exception to the pattern of short survival. Since its inception in 1974, the clinic has grown in viability and community acceptance. For example, when the Roanoke Valley was recently awarded the title of "All-American City," the clinic was

one of the agencies identified as being most innovative and important in the community. The methods employed to gain this extent of acceptance for the clinic may be useful to others working for or studying free health clinics.

We believe that the success or failure of a free clinic depends largely on its ability to project credibility, that is, a positive image in a community. The success with which any free clinic establishes such credibility with various community groups will have a singular effect on its destiny. The following six groups in particular must see the clinic as credible. The failure to establish a positive image with one or more of these groups has led to many problems for free clinics.

- Potential patients.
- Volunteer physicians and other providers who will staff the clinic.
- Volunteer nonprofessionals who will perform other duties at the clinic.
- The medical community that will provide the professional volunteers,

Age, sex, and reasons for visits of 2,564 patients to the Roanoke Valley Free Health Clinic, 1974-76

Age group (years), sex, and reasons for visits	Patients	
	Number	Percent
0-5	191	8
6-17	575	22
18-34	1,435	56
35-54	267	10
55 and over	96	4
Males	948	37
Females	1,616	63
Physical illness	1,616	36
Venereal disease examination and treatment or recheck	567	12
Physical examination	398	9
Medication refill	373	8
Birth control	365	8
Blood pressure	357	8
Pregnancy test	336	7
Pap smear	252	6
Followup visit	129	3
Emotional problems	101	2
EKG	11	1

referrals, and moral support for the clinic (or, at the least, will not actively work against it).

- Funding agencies, such as local governments, that will subsidize the clinic.
- The community at large, whose acceptance and support the clinic needs.

Free clinics repeatedly report the same problems: inadequate funding and too few volunteers (4,5). Local funding sources (local government, foundations, the United Way, among others) must be convinced of the viability and worth of a free clinic, and the medical community must be convinced that the clinic has high professional standards, will provide a valuable community service, and will not duplicate existing services or compete for patients who can afford private care.

Although the marketing task is formidable, it can be done successfully. The Free Clinic of the Roanoke Valley owes most of its success to the effectiveness of its credibility

campaign. Seven components are essential in such a campaign—three relate to the leadership of the clinic, two to clinic procedures, and two to communication techniques.

Clinic Leadership

Medical director. A free clinic must have a medical director present if its credibility campaign is to be successful. The presence of an established clinician who directs the medical operation of the clinic reassures patients, volunteers, and the community that medical treatment will not be second rate. Often when a medical colleague joins the ranks of a free clinic, the worth of the enterprise is so enhanced as to promote volunteering by other medical professionals. A forceful medical director can persuade colleagues to donate time or samples of medications to the clinic, as well as to accept referrals from the free clinic of patients with complex emergent conditions.

Funding agencies also will be re-

assured by the presence of a medical director. It is understandable that such agencies are reluctant to allocate money to an enterprise that lacks a specified medical authority.

Executive director. Much has been written about the daily operations of free clinics and the problems associated with volunteers (6,7). Without a calm, efficient person of mature judgment to direct the hour-to-hour operations of a clinic, chaos is a virtual certainty. A clear chain of command must flow from the board of directors through the medical director to the executive director so that fundamental clinic philosophies and concerns are not overlooked or forgotten. The key to this critical line of authority is the executive director, who implements and follows through on decisions of the board and the medical director. Conversely, the executive director gives valuable assistance to the board and the medical director because of the perspective he or she gains by overseeing daily clinic operations.

Board of directors. Because the board of directors may have links with social service agencies, funding agencies, physicians, and other groups vital to the well-being of the clinic, it is important to have committed and respected members. A board functions best where a balance of representation is achieved. Within that balance, the presence of respected community members provides important support for the clinic's ideals. Such a board can be invaluable in finding solutions for many unpredictable misfortunes. For example, our volunteer physician force was drastically reduced when our malpractice carrier raised its premiums to a prohibitive level. We feared that the clinic's services would have to be reduced severely. After a brainstorming session, how-

A well-coordinated, clean medical facility with appropriate and modern equipment, files, and methods strongly reinforces the free clinic's credibility in the eyes of the professional volunteer. Since no scheduled analgesics or psychotropic medications are available on the premises, fears about clinic abuse by addicts are laid to rest. A well-run clinic operation establishes the commitment of the free clinic to modern medical care. This is apparent to the physicians, professional volunteers, the community, and the patients.

Physicians, upon seeing such a facility, appreciate the benefits of concentrating their charitable work at the free clinic. The physicians may free their office appointments for the nonindigent, thereby reducing clerical costs, and refer patients unable to pay for care to the free clinic without fear that the medical care received will be substandard. An established referral process for emergent or complex conditions to other medical resources demonstrates that the clinic is integrated with the medical community.

Communication Techniques

Initiative in communications. From the beginning, those of us who were interested in forming a free clinic approached physicians, clergymen, health planners, and other health professionals with a clear and concise formulation of what we desired. Regular communication with these groups, which is necessary for the clinic's viability, has continued. We have also initiated communication with the Roanoke Academy of Medicine, individual physicians, other professional personnel who voluntarily work at the clinic, local government and social service agencies, and civic organizations. As a result, the importance and effectiveness of the free clinic as a viable public service has become recognized by the community.

This communication has also enabled us to identify and refute misconceptions about the clinic. We found that much resistance to the clinic came from people who did not understand what we were doing. Among the misconceptions about the clinic were that it focused only on particular groups, such as drug addicts, patients with venereal disease, or those with problem pregnancies. Further misconceptions were that it was an abortion clinic and that it duplicated already existing services. By communicating with relevant groups in the community, we proved these charges incorrect. As shown in the table, patients of all ages come to the clinic for a variety of reasons.

Attitude toward medical community. Many free clinics in the nation have suffered as a consequence of their poorly veiled antagonism toward the medical community. At the outset we acknowledged the desirability of acceptance by the medical community, and we have attempted to work with rather than against it. This approach has helped us win open support from some in the medical community and has prevented open animosity from those who oppose the clinic.

Moreover, this approach has helped to win important endorsements for the clinic. In 1975, the clinic staff sought and received an endorsement from the Roanoke Valley Health Planning Council. After studying the clinic, the council concluded that the clinic did not duplicate existing services and that it made a unique contribution to the community (8). Also, in late 1975, the Roanoke Academy of Medicine added its endorsement of the clinic. Identifying the screening process as a key reason, the academy members voiced their recognition that the clinic was not competing for paying patients.

Comment

If free clinics are to survive, they must gain acceptance from potential patients; physician, other professional, and nonprofessional volunteers; funding agencies; and the general community. The success of the Free Health Clinic of the Roanoke Valley can be attributed to the presence of an active medical director, an efficient executive director, an active and committed board of directors comprised of respected citizens, use of a screening procedure to ensure that only needy patients are seen, clear and efficient clinic procedures, communication with relevant people and agencies, and recognition by the medical community of the clinic's value.

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